## Laawaasoloto

(Requestor's Name)	
(Address)	<del>-</del>
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(City/State/Zip/Phone #)	<del></del> _
PICK-UP WAIT	MAIL
(Business Entity Name)	
(223,000)	
(Document Number)	
(Bocament Northern)	
Out to the terms of Contra	_
Certified Copies Certificates of Statu	»
Special Instructions to Filing Officer:	
J. HORNI	_
J. HORNI	<u>-</u>
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Office Use Only



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## COVER LETTER

TO:

ro: Registration Sec Division of Corp		,,	,
,	Jay Holl.	tittons Ir	
SUBJECT:	Name of Limit	tuttous IIC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter to		
	Joshua C.	Name of Person	
		Firm/Company	
	2423 S Orax	nge Ave PINB Address	319
	Octando FL Roque nomad to	37806 City/State and Zip Code Have a uma 1. Co o be used for hiture annual report notifi	2.M
For further information c	E-mail address: (to oncerning this matter, please or		Teation)
Name o	l' Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	Section	<u>Street Address:</u> Registration Se Division of Cot	
Division of C P.O. Box 631	27	The Centre of T	l'allahass <b>e</b> e
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

					• •
Say Hall +a (Name of the Limited Liabil (A Floric	+t00s	110	2023	) APR -4	AH 10: 33
( <u>Name of the Limited Liabil</u> (A Florid	lity Company da Limited Liab	as it now appears on our l oility Company)	recoras) SE( IALL	AHASSEE	[]
The Articles of Organization for this Limited Liability Florida document number	Company we	ere filed on $3/4/$	<u> </u>	and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the line Rogue No mad to Hou LL (The new name must be distinguishable and contain the words "Li			n "LLC" or the s	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADE	<u>DRESS)</u>				
					<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					<del></del>
				<u>.</u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office ad g:	ldress on our records,	enter the na	me of the n	ew registered
Name of New Registered Agent:				<u>-</u>	
New Registered Office Address:		Enter Florida stree	et address		
		- a	, Florida _	Zip Coo	1.
		City		гір Сос	l¢

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

+ AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□ Change
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			□Add
			□Remove
			□Change

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the record specifies a delayed effective date, but not an c	(optional)  ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed a s records.
rord is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 4/4/2023	
Signature of a men	
	ber or authorized representative of a member

Filing Fee: \$25.00